## PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

APR 2 6 2006 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where approximate. All further expressions are indicated as a sindicate of the current correspondence address as indicated as a separate of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance control indications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 03/20/2006 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Ted D. Lee Gunn, Lee & Hanor, PC **Suite 1500** 700 N. St. Mary's Street San Antonio, TX 78205 (Signature) (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 8300 09/12/2003 Linda S. Goertz P-8009 10/661.188 TITLE OF INVENTION: DENTAL HYGIENE UNIT 04/27/2006 CNGUYEN1 00000072 10661188 700.00 OP FC: 1904 FC: 1991 TOTAL FEE(S) DUE PUBLICATION F APPLN. TYPE SMALL ENTITY ISSUE FEE \$300 \$1000 06/20/2006 YES \$700 nonprovisional **CLASS-SUBCLASS EXAMINER** ART UNIT MCKANE, ELIZABETH L 1744 422-300000 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.363). 2. For printing on the patent front page, list Michelle Evans (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE 4a. The following fec(s) are enclosed: 4b. Payment of Fec(s): A check in the amount of the fec(s) is enclosed. Issue Fee

Please check the appropriate assignee category or categories (will not be printed on the patent):  $\Box$  Individual  $\Box$  Corporation or other private group entity  $\Box$  Government Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

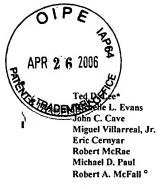
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Date

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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- C. Donald Gunn (1936-1999)

P-8009

April 25, 2006

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/661,188 filed September 12, 2003 entitled "Dental Hygiene Unit"

Dear Sir:

Enclosed please find the following items for filing on the above referenced patent application:

- 1. Fee Transmittal; and
- 2. Filing fee in the amount of \$1030.

Please stamp the enclosed acknowledgment card with the date of receipt and return to my office.

Sincerely,

Michelle L. Evans

Welle A E

**Enclosures** 

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